

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 5  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>FREEDOMWORKS FOR AMERICA</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00499020	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>	

Full Name of Payee <b>Freedomworks, Inc.</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 04 / 15 / 2014		
Mailing Address 400 N Capitol St., NW Suite 735			Amount <span style="border: 1px solid black; padding: 2px;">114.06</span>		
City Washington	State DC	Zip Code 20001	Transaction ID : SE.26778		
Purpose of Expenditure IE-McDaniel-Email/Social Media/Printing		Category/ Type 004	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 04 / 15 / 2014		
Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">103550.12</span>			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Freedomworks, Inc.</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 04 / 16 / 2014		
Mailing Address 400 N Capitol St., NW Suite 735			Amount <span style="border: 1px solid black; padding: 2px;">37.37</span>		
City Washington	State DC	Zip Code 20001	Transaction ID : SE.26777		
Purpose of Expenditure IE-McDaniel-Travel		Category/ Type 002	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 04 / 16 / 2014		
Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">103587.49</span>			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">151.43</span>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) TOTAL Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

R. Russ Walker

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
 04 / 23 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>FREEDOMWORKS FOR AMERICA</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00499020	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Freedomworks, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 16 / 2014</b>	
Mailing Address <b>400 N Capitol St., NW Suite 735</b>		Amount <b>2.28</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>SE.26779</b>
Purpose of Expenditure <b>IE-McDaniel-Email/Social Media/Printing</b>		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 16 / 2014</b>
Name of Federal Candidate <b>CHRISTOPHER BRIAN MCDANIEL</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MS</b>
Calendar Year-To-Date Per Election for Office Sought <b>103589.77</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Freedomworks, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 17 / 2014</b>	
Mailing Address <b>400 N Capitol St., NW Suite 735</b>		Amount <b>42.70</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>SE.26780</b>
Purpose of Expenditure <b>IE-McDaniel-Travel</b>		Category/ Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 17 / 2014</b>
Name of Federal Candidate <b>CHRISTOPHER BRIAN MCDANIEL</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MS</b>
Calendar Year-To-Date Per Election for Office Sought <b>103632.47</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>44.98</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*R. Russ Walker*
*[Electronically Filed]*

Date

 MM / DD / YYYY  
**04 / 23 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>FREEDOMWORKS FOR AMERICA</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00499020       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Freedomworks, Inc.</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 04 / 18 / 2014</div> </div>		
Mailing Address 400 N Capitol St., NW Suite 735			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">507.15</div>		
City Washington	State DC	Zip Code 20001	<b>Transaction ID : SE.26785</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 04 / 18 / 2014</div> </div>		
Purpose of Expenditure IE-McDaniel-Travel		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL		
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS			
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Freedomworks, Inc.</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 04 / 21 / 2014</div> </div>		
Mailing Address 400 N Capitol St., NW Suite 735			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">51.76</div>		
City Washington	State DC	Zip Code 20001	<b>Transaction ID : SE.26781</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 04 / 21 / 2014</div> </div>		
Purpose of Expenditure IE-McDaniel-Email/Social Media/Printing		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL		
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS			
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">558.91</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*R. Russ Walker*

Signature

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Date

MM / DD / YYYY  
04 / 23 / 2014

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 4 OF 5  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>FREEDOMWORKS FOR AMERICA</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00499020	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Freedomworks, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 21 / 2014</b>		
Mailing Address <b>400 N Capitol St., NW Suite 735</b>			Amount <b>421.96</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>SE.26783</b>		
Purpose of Expenditure <b>IE-McDaniel-Travel</b>		Category/ Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 21 / 2014</b>		
Name of Federal Candidate <b>CHRISTOPHER BRIAN MCDANIEL</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MS</b>		
Calendar Year-To-Date Per Election for Office Sought <b>104613.34</b>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Freedomworks, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 22 / 2014</b>		
Mailing Address <b>400 N Capitol St., NW Suite 735</b>			Amount <b>77.28</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>SE.26782</b>		
Purpose of Expenditure <b>IE-McDaniel-Email/Social Media/Printing</b>		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 22 / 2014</b>		
Name of Federal Candidate <b>CHRISTOPHER BRIAN MCDANIEL</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MS</b>		
Calendar Year-To-Date Per Election for Office Sought <b>139693.62</b>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>499.24</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

R. Russ Walker

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Date

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**04 / 23 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 5 OF 5  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>FREEDOMWORKS FOR AMERICA</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00499020	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Freedomworks, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 22 / 2014</b>		
Mailing Address <b>400 N Capitol St., NW Suite 735</b>			Amount <b>201.76</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>SE.26784</b>		
Purpose of Expenditure <b>IE-McDaniel-Travel</b>		Category/ Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 22 / 2014</b>		
Name of Federal Candidate <b>CHRISTOPHER BRIAN MCDANIEL</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <b>139895.38</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MS</b>		
			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Topple Strategies</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 22 / 2014</b>		
Mailing Address <b>189 N. Hwy 89 Ste. C 130</b>			Amount <b>35003.00</b>		
City <b>North Salt Lake</b>	State <b>UT</b>	Zip Code <b>84054</b>	Transaction ID : <b>SE.26776</b>		
Purpose of Expenditure <b>IE-McDaniel-Phone Calling</b>		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 22 / 2014</b>		
Name of Federal Candidate <b>CHRISTOPHER BRIAN MCDANIEL</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <b>139616.34</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MS</b>		
			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>35204.76</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>36459.32</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

R. Russ Walker

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Date

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**04 / 23 / 2014**

Signature